



State of Rhode Island  
Department of State - Business Services Division

REC'D RI005 BSD  
24 OCT 1 PM 1:19:00

Annual Report for the year: 2024

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

|  |             |   |                                    |                   |              |
|--|-------------|---|------------------------------------|-------------------|--------------|
| 1. Entity ID Number<br>000027881   |             | 2. Exact name of the Corporation<br>North Providence Jets Football Association  |                                    |                   |              |
| 3. State of Incorporation<br>RI  |             | 5. Brief description of the character of business conducted in Rhode Island<br>A youth football and cheerleading league for children ages 5-14 years old. |                                    |                   |              |
| 4. NAICS Code<br>624110  |             |   |                                    |                   |              |
| 6. Principal Office Address<br>P.O. box 113954   |             | City<br>North Providence  |                                    | State<br>RI       | Zip<br>02911 |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |             |   |                                    |                   |              |
| President Name<br>Joshua Johnson   |             |   | Vice-President Name<br>Walter Ward |                   |              |
| Street Address<br>630 Smithfield Rd apt 1013 Po box113954  |             |   | Street Address<br>P.O.box 113954   |                   |              |
| City<br>North Providence   | State<br>RI | Zip<br>02904  | City<br>North Providence           | State<br>RI       | Zip<br>02911 |
| Secretary Name<br>Theresa Montanaro  |             |   | Treasurer Name<br>Antonio Folco    |                   |              |
| Street Address<br>P.O. box113954   |             |   | Street Address<br>P.O. box113954   |                   |              |
| City<br>North Providence   | State<br>RI | Zip<br>02911  | City<br>North Providence           | State<br>RI       | Zip<br>02911 |
| 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |             |   |                                    |                   |              |
| Director Name<br>Theresa Montanaro   |             |   | Director Name<br>Antonio Folco     |                   |              |
| Street Address<br>P.O.box113954  |             |   | Street Address<br>P.O. box 113954  |                   |              |
| City<br>North Providence   | State<br>ri | Zip<br>02911  | City<br>North PRowidence           | State<br>RI       | Zip<br>02911 |
| Director Name<br>Nicole Cookson  |             |   | Director Name<br>None              |                   |              |
| Street Address<br>P.O. box 113954  |             |   | Street Address<br>None             |                   |              |
| City<br>North Providence   | State<br>RI | Zip<br>02911  | City<br>None                       | State<br>None     | Zip<br>None  |
| 9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.  |             |   |                                    |                   |              |
| Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. |             |   |                                    |                   |              |
| This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.                                  |             |   |                                    |                   |              |
| Name of Officer/Authorized Representative<br>Joshua Johnson  |             |   |                                    | Date<br>9/30/2024 |              |
| Signature of Officer/Authorized Representative<br>   |             |   |                                    |                   |              |

FILED

MAIL TO:  
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148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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FORM 631- Revised: 12/2023